

**FEC FORM 9****24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR  
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**(a) Name **VOTEVETS.ORG ACTION FUND**(b) Address (number and street) ☐ check if different than previously reported  
303 Park Ave. S.  
1293(c) City, State and ZIP Code  
New York NY 10010**2. FEC Identification Number****C** C30001275

(d) Name of Employer or Principal Place of Business

(e) Occupation

**3. Is This Statement**☒ **New**

or

☐ **Amended****4. Covering Period**M M M / D D D / Y Y Y Y Y Y  
11 / 02 / 2012

through

M M M / D D D / Y Y Y Y Y Y  
11 / 05 / 2012**5. (a) Date of Public Distribution(s)**M M M / D D D / Y Y Y Y Y Y  
11 / 02 / 2012(b) Communication Title Brave**6. The filer is a(n):** (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: \_\_\_\_\_**7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?**Yes ☒ No ☐**8. Custodian of Records**

(a) Name

Peter Mellman

(b) Address (number and street)

303 Park Ave. S.  
1293

(c) City, State and ZIP Code

New York

NY 10010

(d) Name of Employer or Principal Place of Business

VoteVets.org Action Fund

(e) Occupation

CFO

**9. Total Donations This Statement**

280000.00

**10. Total Disbursements/Obligations This Statement**

280000.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Peter Mellman

SIGNATURE Peter Mellman

[Electronically Filed] DATE 11/03/2012

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

**SCHEDULE 9-A**  
**Donation(s) Received**

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<b>A.</b> Full Name of Donor <b>Fair Share PAC</b> <hr/> Mailing Address of Donor 3845 Tennyson St. <hr/> <div style="display: flex; justify-content: space-between;"> CityStateZip </div> <div style="display: flex; justify-content: space-between;"> DenverCO80212 </div>	Date of Receipt <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">11 / 02 / 2012</div> </div> Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">200000.00</div> <b>Transaction ID : F92.000001</b>
<b>B.</b> Full Name of Donor <b>Patriot Majority USA</b> <hr/> Mailing Address of Donor PO Box 35522 <hr/> <div style="display: flex; justify-content: space-between;"> CityStateZip </div> <div style="display: flex; justify-content: space-between;"> WashingtonDC20033 </div>	Date of Receipt <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">11 / 02 / 2012</div> </div> Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">60000.00</div> <b>Transaction ID : F92.000002</b>
<b>C.</b> Full Name of Donor <b>American Association for Justice</b> <hr/> Mailing Address of Donor 777 6th Street NW <hr/> <div style="display: flex; justify-content: space-between;"> CityStateZip </div> <div style="display: flex; justify-content: space-between;"> WashingtonDC20001 </div>	Date of Receipt <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">11 / 02 / 2012</div> </div> Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">20000.00</div> <b>Transaction ID : F92.000003</b>
<b>D.</b> Full Name of Donor <hr/> Mailing Address of Donor <hr/> <div style="display: flex; justify-content: space-between;"> CityStateZip </div>	Date of Receipt <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;"></div> </div> Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"></div>
<b>E.</b> Full Name of Donor <hr/> Mailing Address of Donor <hr/> <div style="display: flex; justify-content: space-between;"> CityStateZip </div>	Date of Receipt <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;"></div> </div> Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"></div>
<b>SUBTOTAL</b> of Donations This Page (optional) ..... ► <div style="border: 1px solid black; padding: 2px; text-align: right; width: 200px; float: right;">280000.00</div>	
<b>TOTAL</b> This Period (last page this line number only) ..... ► (carry total from last page to Line 9) <div style="border: 1px solid black; padding: 2px; text-align: right; width: 200px; float: right;">280000.00</div>	

**SCHEDULE 9-B**

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**Disbursement(s) Made or Obligation(s)**

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> <b>Buying Time, LLC</b>				<b>Date of Disbursement or Obligation</b> <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y  11 / 02 / 2012 </div>	
Mailing Address of Payee 650 Massachusetts Ave NW				<b>Amount</b> <div style="border: 1px solid black; padding: 2px;"> 280000.00 </div>	
City Washington		State DC		Zip Code 20001	
Name of Employer		Occupation		<b>Communication Date</b> <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y  11 / 02 / 2012 </div>	
Purpose of Disbursement (Including title(s) of communication(s)) Broadcast TV buy (Brave)				<b>Transaction ID : F93.000001</b>	
Name of Federal Candidate Robert Kerrey		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <u>NB</u> District: <u>00</u>		Disbursement/Obligation For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>Transaction ID : F94.000002</b>					
Name of Federal Candidate Debra Fischer		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <u>NB</u> District: <u>00</u>		Disbursement/Obligation For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>Transaction ID : F94.000003</b>					
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>B. Full Name (Last, First, Middle Initial) of Payee</b>					
Mailing Address of Payee				<b>Date of Disbursement or Obligation</b> <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y </div>	
City State Zip Code				<b>Amount</b> <div style="border: 1px solid black; padding: 2px;"> </div>	
Name of Employer Occupation				<b>Communication Date</b> <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y </div>	
Purpose of Disbursement (Including title(s) of communication(s))					
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>SUBTOTAL</b> of Disbursements/Obligations This Page (optional) ..... ▶				<div style="border: 1px solid black; padding: 2px;"> 280000.00 </div>	
<b>TOTAL</b> This Period (last page this line number only) ..... ▶ (carry total from last page to Line 10)				<div style="border: 1px solid black; padding: 2px;"> 280000.00 </div>	